

Overview

Audika welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme's (JSCNDIS) inquiry into the capability and culture of the National Disability Insurance Agency (NDIA).

Audika is one of Australia's largest hearing care providers with a clinic network of approx. 190 x permanent clinics and 150 x visiting clinics.

The association between hearing loss and the onset of dementia is now well documented. Almost half a million Australians are currently diagnosed with dementia which is the leading cause of death for women, and the second largest for all Australians.

In making this submission, Audika has a single recommendation for the JSCNDIS – ensure alignment of standards utilising the Hearing Services Program definitions as the basis for provision of hearing care to Australians.

In making this submission, Audika has a single recommendation for the JSCNDIS – use the Hearing Services Program definition of Minimum Hearing Loss Threshold (MHLT) of >23dB as the basis for provision of hearing care to Australians.

This will deliver significant net economic benefits for the government and demonstrably improve the lives of those suffering hearing loss.

Hearing care provision in Australia does not adequately meet needs

Hearing healthcare is provided by a range of private sector organisations. Currently, the **government** subsidises hearing care for over 1 million Australians through two main programs:

- Hearing Services Program (HSP) that in 2021/22 provided assistance to 811,991 Australians.^[1]
- NDIS.

However, these programmes have different standards, with the NDIS requiring a higher level of hearing loss (see below). But the HSP has narrower eligibility by only being available to people younger than 26 years old, pension concession card holders, veterans, certain Aboriginal and Torres Strait Islander peoples and those with complex hearing and health issues, including NDIS participants with hearing needs who are referred by a planner from the National Disability Insurance Agency (NDIA).^[2]

Consequently, there is currently a large accessibility gap for hearing impaired Australians of working age.

^[1] Hearing Service Programme, Annual Statistics 2021-22, Active Clients by State.

^[2] Op Cit, Hearing for Life, p.19.

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By limiting access to the hearing care assistance, it is estimated that around 1.1 million Australians are either undiagnosed or suffer from known hearing loss, yet most do not receive any assistance.

Audika has called for broader eligibility to access the HSP, based on providing access to those aged 26-64, and with annual incomes below \$37,000. This would increase the number of eligible participants in the HSP by 210,000.^[3]

The cost would be \$25.3 million, but would deliver a net economic benefit of \$311.7 million, a benefit/cost ratio 12.3/1. Even on the narrower measure of benefit to the government, each dollar invested in an expanded HSP would deliver the government \$10.60.^[4]

Adding in improved well-being, the total benefit of an expanded HSP increases to \$432.8 million.

Defining hearing loss: different standards = unequal outcomes

The definition of what is hearing loss is subject to different standards.

Using the Minimum Hearing Loss Threshold (MHLT), the NDIS standard for access is >65 dB which means people suffer significant loss that is challenging to treat. In contrast, the HSP standard is >23dB.

The HSP standard provides the best basis for pre-emptively addressing hearing loss.

Recommendation

Audika calls on the JSCNDIS to:

Ensure the NDIA aligns hearing care standards to those of Hearing Services Program definition of Minimum Hearing Loss Threshold (MHLT) of >23dB as the basis for provision of hearing care to Australians.

This will provide the best opportunity to provide cost effective hearing care to Australians delivering significant net economic benefits to the government, early intervention with dementia and importantly, improving the lives of the 1.1 million Australians suffering from hearing loss.

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[4] Ibid. p.30.

^[3] Ibid. p.25.